

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

34294

FILED NOV 12 1943

Registration District No. 74

Primary Registration District No. 5145 4060

State File No.

Registrar's No.

32 33

1. PLACE OF DEATH:

(a) County CALDWELL  
(b) City or town BRECKENRIDGE  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 30 YRS. (Specify whether years, months or days)  
In this community 30 YRS.

3. (a) PRINT FULL NAME

ANNA ADAMS

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex FEMALE / 5f Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife CASH ADAMS

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased MAY 3 1876  
(Month) (Day) (Year)

8. AGE: Years 67 Months 5 Days 19  
If less than one day hr. min.

9. Birthplace OHIO  
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSE KEEPER

11. Industry or business

12. Name CLARK CASHATT

13. Birthplace OHIO  
(City, town, or county) (State or foreign country)

14. Maiden name SALLY GROVES

15. Birthplace MO.  
(City, town, or county) (State or foreign country)

16. (a) Informant Bess Adams

(b) Address Breckenridge Mo.

17. (a) (Burial, cremation, or removal) McCrosby cemetery

(b) Date thereof 10 25 1943  
(Day) (Month) (Year)

(c) Place: burial or cremation McCrosby cemetery

18. (a) Signature of funeral director T. M. Felt

(b) Address Breckenridge Mo.

19. (a) Oct 26-1943 (b) E. A. Thompson  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County CALDWELL  
(c) City or town BRECKENRIDGE  
(If outside city or town limits, write "RURAL")  
(d) Street No. BROADWAY  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. No years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 22nd, year 1943 hour 3 minute AM.

21. I hereby certify that I attended the deceased from Did not attend her., 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw her alive on Jan, 8th, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Hemorrhage of Stomach, Duration 2 yrs.

Due to Carcinoma of stomach.

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 46 f

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature A. R. Wiley (M. D. or other) \_\_\_\_\_

Address Breckenridge, Mo. Date signed Oct 26-43

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

*J. H. McPeak*

Registered Apprentice No.....

working under my personal supervision.

Signed.....

*J. H. McPeak*

Licensed Embalmer No.....

*1570*

P. O. Address.....

*Breckinridge*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.